

**ADDENDUM TO
MEDICAID/CHILDREN'S HEALTH INSURANCE PROGRAM
PROVIDER AGREEMENT
FOR TARGETED CASE MANAGEMENT FOR
INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES**

By execution of this Agreement, the undersigned entity ("Provider") requests enrollment as a Provider of targeted case management for individuals with developmental disabilities in the Indiana Health Coverage Programs. As an enrolled Provider, the undersigned entity agrees to provide targeted case management services to individuals deemed eligible by the Indiana Family and Social Services Administration/Division of Disability, Aging, and Rehabilitative Services/Bureau of Developmental Disabilities Services ("BDDS"). This agreement is an addendum to the Medicaid/Children's Health Insurance Program Provider Agreement and the provisions in that Agreement are incorporated herein by reference. As a condition of enrollment as a Provider of targeted case management services for individuals with developmental disabilities, Provider agrees to the following:

1. To provide at least thirty (30) days written notice to the recipient of targeted case management services and to BDDS before terminating targeted case management services to the recipient.
 - a) If the Provider sends written notice to a recipient of the Provider's intent to terminate targeted case management services, the Provider shall participate in an Interdisciplinary Team meeting, at which the new targeted case management services Provider is present. The purpose of this Interdisciplinary Team meeting will be to coordinate the transfer of targeted case management services to a new targeted case management services Provider.
 - b) The Provider shall continue to serve the recipient until a new targeted case manager is selected by the recipient, the Interdisciplinary Team meeting provided in Paragraph 1.a) has been held, and the thirty (30) day notice period has expired. The only exception to this requirement will be in the event that there are special circumstances and all other Interdisciplinary Team members have agreed that it is not necessary for the Provider to continue to provide targeted case management services pending the selection of another targeted case management services Provider.
 - c) If a new targeted case manager is not selected by the recipient prior to end of the thirty (30) day notice period, the Provider agrees to participate in an interdisciplinary team meeting to discuss alternatives to meet the needs of the recipient.

2. To report to BDDS any incidents, including suspected abuse, neglect and exploitation, involving individuals with developmental disabilities receiving targeted case management services according to BDDS incident reporting procedures, as they may be amended from time to time.
3. To abide by and comply with the Indiana Family and Social Services Administration/Division of Disability, Aging, and Rehabilitative Services provider and case management standards as incorporated herein, and the targeted case management operations manual, as they may be amended from time to time.

The undersigned, being the Provider or having the specific authority to bind the Provider to the terms of this agreement, and having read this agreement and understanding it in its entirety, hereby agrees, both individually and on behalf of the Provider as a business entity, to abide by and comply with all the conditions and terms of this agreement.

The undersigned further acknowledges that the Provider has received a copy of the standards referenced in item #3 above.

Provider Name _____

Doing Business As _____

Officer Name _____

Officer Title _____

Signature _____ Date _____

Tax ID _____

Telephone Number _____